

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042271

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

128
FILED DEC 6 1962

200

1281

VS 300
Rev. 4/59

10397

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127-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oregon b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield, Missouri		Length of stay in lb 136 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Donald Middle Gene Last Kelso		4. DATE OF DEATH Month Dec. Day 1 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/28/25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		11. BIRTHPLACE (City and state or country) Imperial, Nebraska	
13a. FATHER'S NAME James Clarence Kelso		14. NAME OF HUSBAND OR WIFE Alberta Hoople	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 5/44 to 4/46		17. INFORMANT Address MCEP Files, Springfield, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) Chronic glomerulonephritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ***** 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from July 18, 1962 , to Dec. 1, 1962 and last saw him alive on Dec. 1, 1962 Death occurred at 4:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) Jesse D. Harris 22b. ADDRESS Springfield, Missouri 22c. DATE SIGNED 12/3/62 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12-4-1962 23c. NAME OF CEMETERY OR CREMATORY Schrieber Funeral Home 23d. LOCATION (City, town, or county) (State) Boise, Idaho 24. FUNERAL DIRECTOR ADDRESS W.B. Cantrell Republic, Mo. 25. DATE RECD. BY LOCAL REG. 12-4-62 26. REGISTRAR'S SIGNATURE Effie S. Meeton			

DEC 27 1962

JAN 15 1963

Permit 12-4-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William B. Bontell

Licensed Embalmer No. *820*

P.O. Address

Republic, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.